

FILED DEC 7 1944

State File No.

Registration District No. 138

Primary Registration District No. 4219

Registrar's No. 4

43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Wheatland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution..... (Specify whether
In this community hyper years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hickory 43
(c) City or town Wheatland 0
(If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Johna Murphy Johnson
(b) If veteran, name war 20 (c) Social Security No. 20

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 25
year 1944 hour 8 minute 20 P. M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hertha Johnson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased: (Month) 12 (Day) 18 (Year) 1866

21. I hereby certify that I attended 44 deceased from Jan 10, 17, 1944 to Oct 25, 1944
that I last saw him alive on Oct 24, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 1 15 hr. min.

Immediate cause of death: Hemiplegia Duration 8 days

9. Birthplace: Ind. 1 (State or foreign country)

Due to Cerebral Hemorrhage

10. Usual occupation Retired Farmer

Due to Arterial Sclerosis & Hypertension

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)
Angina Pectoris

12. Name Hertha C. Johnson

Major findings: —

13. Birthplace Ind. 1 (State or foreign country)

Of operations: —

14. Maiden name Hertha C. Johnson

Of autopsy: — 948

15. Birthplace Ind. 1 (State or foreign country)

PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Hertha Johnson
(b) Address Wheatland, Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 10-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —

(c) Place: burial or cremation Wheatland Cemetery

(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

18. (a) Signature of funeral director Robert H. Halloway
(b) Address Wheatland, Mo

While at work? — (Specify type of place) (e) Means of injury —

19. (a) Nov. 27, 1944 (b) Mary J. Carls
(Date received local registrar) (Registrar's signature)

23. Signature A. S. Johnston (M. D. or other)
Address Wheatland, Mo Date signed 11-18-44

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RECEIVED
District Registrar, Officer No. 7,
District of Columbia, Ill: 44-13-15
Date Filed 12-4-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.